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CERTIFICATE OF MAILING

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.

4-12-2005
Date

Anna M. Matthews
Anna M. Matthews

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/862,857
Applicant : Christopher J. Klein et al.
Filed : May 22, 2001
TC/A.U. : 2635
Examiner : Scott Au
Docket No. : ONE01 P-300
Customer No. : 000,277

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith are an Amendment, Fee Deficiency Paper Under 37 C.F.R. §1.28(c), and check in the amount of \$1192 (fee deficiency) in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*11	Minus	**22	=00	x \$25	\$ 00	X \$ 50	\$00
Independent Claims	* 02	Minus	***04	=00	x 100	\$00	X \$200	\$00
First Presentation of Multiple Dependent Claims \$180						\$00	X \$360	\$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$00		\$00

Applicant : Christopher J. Klein et al.
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Page : 2

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Each Additional Group of 50 Pages That Exceeds 100 Pages

Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
No. of Groups Remaining After Amendment		Highest No. of Groups Previously Paid For	Present Extra Groups	Rate (each add'l 50 pages over 100)	Add'l Fee	Rate (each add'l 50 pages over 100)	Add'l Fee
	Minus	*	=**	x \$125	\$	X \$250	\$

One "group" is a set of 50 application (specification, claims, abstract, and drawings) pages.

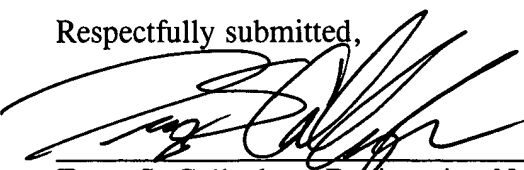
- * If the entry in Col. 2 is more than the entry of Col. 1, write "0" in Col. 3
** If the entry in Col. 3 is not "0," pay the required fee.

1. _____ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. x No additional fee is required.
3. _____ A fee of \$_____ to cover the cost of the additional claims added by this response is enclosed.
4. _____ A fee of \$_____ to cover the application size fee is enclosed.
5. x Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

Respectfully submitted,

Date

4-12-2005


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TSC/rsw